

For Official Use Only

MAY 19 2006

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Enter appropriate data below. If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

Signature

Signed

On

Date _____

Telephone Number

Name of Person Filing **LEONARD L. SEBRESOS**File Number **Unon-issued**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **American Plan Administrators, Inc.**Trade Name, if any: **Administrators**P.O. Box, Bldg., Room No., if any **625**Street **677 ALA Moana Blvd.**City **Honolulu**State **HI** ZIP Code + 4 **96813-5419**

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **ASBESTOS WORKERS JOINT TRUST FUNDS**Trade Name, if any: **Insulators**P.O. Box, Bldg., Room No., if any **625**Street **677 ALA MOANA BLVD.**City **Honolulu**State **HI** ZIP Code + 4 **96813-5419**

11.a. Nature of such dealing.

Chairman for the Trust Funds
Coordinator for the Training Fund

11.b. Approximate dollar value of such dealing. **\$21,048.77**

12.a. Nature of interest held or income received.

Training Fees - \$14,400.00
Meeting expense & Educational Conference
total amount - \$6,648.77

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.